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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400021049 (9)

FILED May 13 1998 8:00am Secretary of State

ARCHITECTURAL ELEMENTS ASSOCIATES, INC. Principal Place of Business Mailing Address 6306 BENJAMIN ROAD C/O WALTERS SANDERS 13910 N. DALE MABRY, STE 1 STE. 615 DO NOT WRITE IN THIS SPACE TAMPA FL 33634 **TAMPA FL 33618** 3. Date Incorporated or Qualified 03/18/1994 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For Not Applicable 26 59-3231100 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due Jurie 30 Yos 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANDERS, WALTER 13910 NORTH DALE MABRY HWY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE ONE 83 **TAMPA FL 33618** 84 City Zip Code 11, Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam tamitam with, and accept the obligations of, Section 607.0505, Florida Statutes. WALTER SANDERS CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE WALKER, CATHERINE NAME 1.2 NAME 6306 BENJAMIN ROAD, STE 615 STREET ADDRESS 1,3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - \$1 - 2IF DELETE Change Addition TITLE 2.1 TITLE WALKER, DAVID B JR 2.2 NAME NAME **6306 BEJAMIN ROAD STE. 615** STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33634 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z#P 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, of on an attachment with an address.)

Block 12 or Block 13 if change of on an attachment with an address.

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